



**KENTUCKY BOARD OF CHIROPRACTIC EXAMINERS**  
**Peer Review Committee**

P.O. BOX 183  
Glasgow, Kentucky 42142-0183  
Phone (270) 651-2522 Fax (270) 651-8784  
e-mail <kychiro@glasgow-ky.com>

**CHIROPRACTIC PEER REVIEW**  
**CARRIER'S RECORDS CERTIFICATION**

Pursuant to the requirements for the submission of claims for Peer Review, I HEREBY CERTIFY that I have submitted to the best of my knowledge and belief, all records pertaining to the file of (Patient Name) \_\_\_\_\_ having been submitted to the BCE Peer Review Committee for review and consideration.

\_\_\_\_\_  
(Printed Name of Submitting Party) (Title)

\_\_\_\_\_  
(Signature of Submitting Party) (Date Signed)

\_\_\_\_\_  
(Address of Submitting Party)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State) (Zip Code)

\_\_\_\_\_  
FOR OFFICE USE ONLY

PR CASE #: \_\_\_\_\_